

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

MDR Tracking #: M2-03-0977-01-SS
IRO Certificate #:IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient had a previous on the job injury to his cervical spine sometime in mid-____ and subsequently had an anterior discectomy and fusion at C5-C6. The patient returned to work and did well until he sustained a re-injury to his cervical spine on ____ while lifting an object. A post myelogram CT from 05/23/02 revealed retrolisthesis of C4 and C5 and some foraminal narrowing at various levels. The patient has had both physical therapy and epidural steroid injections without improvement.

Requested Service(s)

C4-C5 and C5-C6 cervical discectomy

Decision

It is determined that the proposed C4-C5 and C5-C6 cervical discectomy is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record reviewed does not support another cervical fusion. There is no clinical exam or objective study (i.e. EMG/NCV) that would better localize the current symptoms and no dynamic cervical spine x-rays to determine the degree of instability of the fusion at C5.

There is no documentation found explaining how or why at a fused level an osteophyte had formed to the degree to cause cervical radiculopathy bilaterally.

This patient has not been through enough diagnostic work-up to warrant this procedure. Therefore, it is determined that the proposed C4-C5 and C5-C6 cervical discectomy is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c))

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6 th day of June 2003.
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